

# AUTO CR - LOG SUMMARY #1071231

TYPE: INFO

## Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that officers observed the subject riding his bicycle on the sidewalk. When they approached him to conduct a field interview, they discovered that the subject was in possession of narcotics. While Officer Vasselli recovered the narcotics, the subject charged into Officer Vasselli and pushed him. The subject then tried to break free and run from the officers. Officers tried to gain control of the subject, who kicked and struggled with them. Officer Burns deployed his Taser at the subject in order to take the subject into custody.	(None Entered)		

## Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	O MALLEY, MICHAEL G	402		004 /	SERGEANT OF POLICE	M	WHI	

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
27-AUG-2014 09:50 - 27-AUG-2014 09:50		0423	004	303 - SIDEWALK	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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## Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Victim/Subject					M	BLK		
CPD Employee	Involved Member	BURNS, AARON C	4534		044 / 412	POLICE OFFICER	M	BLK	
CPD Employee	Witness	DOOLIN, WILLIAM M	1837		004 /	POLICE OFFICER	M	WHI	
CPD Employee	Witness	PRUSZEWSKI, DANIEL W	11030		004 /	POLICE OFFICER	M	WHI	
CPD Employee	Witness	VASSELLI, NICHOLAS P	2213		004 /	POLICE OFFICER	M	WHI	

## Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

## Incident Category List

## Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

## Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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## Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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## Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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## Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	30-SEP-2014 02:10	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	30-SEP-2014 02:10	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	29-AUG-2014 02:51	MARZULLO, DAVID	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	29-AUG-2014 10:31	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	29-AUG-2014 10:30	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	add report
PENDING SUPERVISOR REVIEW	29-AUG-2014 10:29	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	28-AUG-2014 08:09	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Needs Taser download.
PRELIMINARY	27-AUG-2014 11:53	CHIBE, JOHN	POLICE OFFICER	116 /	

## Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					CHIBE, JOHN	27-AUG-2014 11:53			
	DOCUMENTS - INTAKE INCIDENT		1		N	HAYES, SHANNON	29-AUG-2014 10:27	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	PO Vasselli	N	HAYES, SHANNON	29-AUG-2014 10:31	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		5		N	HAYES, SHANNON	28-AUG-2014 08:06	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Daniel Pruszewski	N	HAYES, SHANNON	28-AUG-2014 08:07	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Aaron Burns	N	HAYES, SHANNON	28-AUG-2014 08:08	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Nicholas Vasselli	N	HAYES, SHANNON	28-AUG-2014 08:07	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	Narcotics - Poss: Crack; Battery - Agg Po Hands No/Min Injury	N	HAYES, SHANNON	28-AUG-2014 08:06	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO William Doolin	N	HAYES, SHANNON	28-AUG-2014 08:08	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Nicholas Vasselli	N	HAYES, SHANNON	28-AUG-2014 08:07	APPROVED		

## Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
	DOCUMENTS - INTAKE INCIDENT		1	PO Pruszewski	N	HAYES, SHANNON	29-AUG-2014 10:29	APPROVED		

## Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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## Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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## Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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## Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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## Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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# FACE SHEET (Notification Date: 27-AUG-2014) - LOG #1071231

TYPE: INFO

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	O MALLEY, MICHAEL G	402		004 /	SERGEANT OF POLICE	M	WHI		

## Incident Information

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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

## Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

## Assignment History

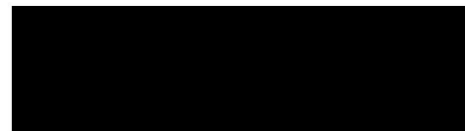
Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	27-AUG-2014 23:53	CHIBE, JOHN	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	30-SEP-2014 02:10	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PRELIMINARY	27-AUG-2014 11:53	CHIBE, JOHN	POLICE OFFICER	116 /	

CHICAGO POLICE DEPARTMENT  
**ORIGINAL CASE INCIDENT REPORT**

3510 S. Michigan Avenue, Chicago, Illinois 60653  
(For use by Chicago Police Department Personnel Only)  
CPD-11.388(6/03)-C



INCIDENT

**APPROVAL COMPLETE**

IUCR: 2027 - Narcotics - Poss: Crack

0454 - Battery - Agg Po Hands No/Min Injury

Occurrence  
Location:



Beat: 0423

Unit Assigned: 0461A

RO Arrival Date: 27 August 2014 21:49

303 - Sidewalk

Occurrence Date: 27 August 2014 21:49

# Offenders: 1

**VICTIM - Government**

Name: STATE OF ILLINOIS

2255 E 103rd St  
Chicago, Illinois

Beat: 0434

CPD Officer: No

**VICTIM - Government**

Name: CITY OF CHICAGO

2255 E 103rd St  
Chicago, Illinois

Beat: 0434

CPD Officer: No

**VICTIM - Individual**

Police Officer

Name: PRUSZEWSKI #11030,  
P.O.

Res: 2255 E 103rd St  
Chicago IL  
312 - 747 - 8207

Beat: 0434

Sobriety: Sober

CPD Officer: Yes

**VICTIM - Individual**

Police Officer

Name: DOOLIN #14047, P.O.

Res: 2255 E 103rd St  
Chicago IL

Beat: 0434

Sobriety: Sober

CPD Officer: Yes

**Other Communications and Availability**

Business Phone : 312-747-8207

**VICTIM - Individual**

Police Officer

Name: VASSELLI #4902, P.O.

Res: 2255 E 103rd St  
Chicago IL

Beat: 0434

Sobriety: Sober

CPD Officer: Yes

RD #:

NON-OFFENDER(S)

NON-OFFENDER(S)

## Other Communications and Availability

Business Phone : 312-747-8207

INJURY(S)

## Injury Info (VASSELLI #4902,P.O. - Victim )

Injured BY offender Extent: Minor

CPD First Aid Given? Yes

Hospital: [REDACTED]

Physician Name: [REDACTED]

Type Weapon Used

Blunt Trauma Hand/Feet/Teeth/Etc.

SUSPECT(S)

## Suspect # 1

## In Custody

Beat: 0423

## Demographics

Male  
Black  
5'07,  
200 lbs ,  
Brown Eyes  
Grey/Part Grey Hair  
Afro Hair Style  
Dark ComplexionDOB: [REDACTED]  
Age: 49 years  
Birth Place: Illinois

## Injury Info

Extent: Minor

CFD First Aid Given Yes

Responding Unit: Ambulance  
50 [REDACTED]Type Weapon Used Description  
Abrasions Hand/Feet/Teeth/  
Etc.

RELATIONSHIP

PRUSZEWSKI #11030, P.O.	( Victim )	is a No Relationship of	[REDACTED]	( Offender )
DOOLIN #14047, P.O.	( Victim )	is a No Relationship of	[REDACTED]	( Offender )
VASSELLI #4902, P.O.	( Victim )	is a No Relationship of	[REDACTED]	( Offender )

## Chicago Police Department - Incident Report

NARCOTICS	Narcotics #1		Possessor/User: [REDACTED]
	Type: Cocaine/Crack	[REDACTED]	Taken/Stolen? No
	Weight: .5 Grams	[REDACTED]	Recovered? Yes
	Inventory #: [REDACTED]	Quantity: 1	
Container Containing Packages: Clear Knotted Bag			

NARRATIVES

EVENT# [REDACTED] IN SUMMARY ABOVE ARRESTED AFTER AO'S OBSERVED THE ABOVE RIDING HIS BICYCLE ON THE SIDEWALK AT THE ABOVE LOCATION. AO'S ANNOUNCED THEIR OFFICE AT WHICH TIME THE ABOVE STOPPED HIS BICYCLE. AO'S THEN APPROACHED THE ABOVE TO CONDUCT A FIELD INTERVIEW AT WHICH TIME THE ABOVE PLACED HIS HAND INTO HIS POCKET AS HE APPROACHED P.O. VASELLI. P.O. VASELLI INSTRUCTED THE ABOVE TO REMOVE HIS HAND FROM HIS POCKET FOR OFFICER SAFETY AT WHICH TIME THE ABOVE REMOVED HIS HAND FROM HIS POCKET WITH A CLENCHED FIST. P.O. VASELLI INSTRUCTED THE ABOVE TO OPEN HIS HAND AT WHICH TIME P.O. VASELLI WAS ABLE TO RECOVER 1 CLEAR KNOTTED BAG CONTAINING A WHITE ROCKLIKE SUBSTANCE SUSPECT CRACK COCAINE FROM THE ABOWES HAND. INSTANTANEOUSLY AS SAID SUSPECT NARCOTICS WAS BEING RECOVERED BY P.O. VASELLI THE ABOVE CHARGED INTO P.O. VASELLI PUSHING HIM BACKWARDS. THE ABOVE THEN FURTHER PUSHED INTO P.O. VASELLI BEFORE BREAKING FREE AT WHICH TIME P.O. DOOLIN IN AN ATTEMPT TO GAIN CONTROL OF THE ABOVE UTILIZED OPEN HAND STRIKES BEFORE PERFORMING AN EMERGENCY TAKE DOWN OF THE ABOVE. THE ABOVE CONTINUED TO KICK AND STRUGGLE TO DEFEAT ARREST WHILE IGNORING MULTIPLE VERBAL COMMANDS TO STOP RESISTING. THE ABOVE THEN PUSHED HIM SELF OFF OF THE GROUND WITH P.O. DOOLIN STILL ON HIS BACK AT WHICH TIME P.O. PRUSZEWSKI ATTEMPTED TO KICK THE ABOWES LEGS OUT FROM UNDER HIM AS P.O. VASELLI UTILIZED KNEE STRIKES TO THE ABOWES UPPER BODY WHICH THEN CAUSED THE ABOVE TO FALL BACK TO THE GROUND. P.O. PRUSZEWSKI WAS THEN ABLE TO SECURE HAND CUFFS ON THE ABOVE IN THE FRONT OF HIS BODY AT WHICH TIME THE ABOVE AGAIN ATTEMPTED TO STAND UP TO DEFEAT ARREST AT WHICH TIME P.O. BURNS DEPLOYED HIS TAZER. THE ABOVE WAS THEN EFFECTIVELY PLACED INTO CUSTODY. THE ABOVE COMPLAINED OF PAIN TO HIS LEGS AT WHICH TIME AO'S REQUESTED AN AMBULANCE VIA OEMC. CFP AMBULANCE #50 ARRIVED ON SCENE BEFORE TRANSPORTING THE ABOVE TO [REDACTED] WHERE THE ABOVE WAS TREATED FOR SCRATCHES ON BOTH KNEES BY [REDACTED] P.O. VASELLI WAS ALSO TAKEN TO SOUTH [REDACTED] BY BT. 461D WHERE HE WAS TREATED AND RELEASED FOR A CONTUSION TO HIS RIGHT KNEE BY [REDACTED] SUSPECT NARCOTICS INVENTORIED UNDER # [REDACTED] PRISONERS PERSONAL PROPERTY INVENTORIED UNDER # [REDACTED] PRISONERS BICYCLE INVENTORIED UNDER # [REDACTED] DEPLOYED TAZER CARTIRDGE INVENTORIED UNDER # [REDACTED] CHARGES - PSC, RIDING BICYLCE ON SIDEWALK, SIMPLE BATTERY, RESISTING ARREST (X3)COURT INFO - BRANCH 38-2 ON 18SEP14 AT 0900 HOURS

- STAR#: 14047 NAME: WILLIAM DOOLIN BEAT: 0461A
- STAR#: 11030 NAME: DANIEL PRUSZEWSKI BEAT: 0461A
- STAR#: 4902 NAME: NICHOLAS VASELLI BEAT: 0461A
- STAR#: 4534 NAME: AARON BURNS BEAT: 4253A

PERSONNEL		Star No	Emp No	Name	User	Date	Unit	Beat
	Reporting Officer	11030	[REDACTED]	PRUSZEWSKI, Daniel, W	[REDACTED]	28 Aug 2014 00:02	004	0461A

IUCR ASSOCS.	Victim	IUCR	Crime	Offender
	STATE OF ILLINOIS	2027	Narcotics - Poss: Crack	[REDACTED]
	VASELLI #4902	0454	Battery - Agg Po Hands No/Min Injury	[REDACTED]

## ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11. 420C (REV. 6/30)

CB #  
IR #  
YD #  
RD #  
EVENT #

## ARREST REPORTING

OFFENDER

Beat: 423

Male  
Black  
5' 07"  
200 lbs  
Brown Eyes  
Black Hair  
Short Hair Style  
Medium Complexion

ARMED WITH Unarmed

INCIDENT

Arrest Date: 27 August 2014 21:51

TRR Completed? Yes

Total No Arrested: 1

Co-Arrests

Assoc Cases

Location:

Beat: 423

DCFS Ward ? No

303 - Sidewalk

Dependent Children? No

Holding Facility: District 004 Lockup

Resisted Arrest? Yes

CHARGES

1

Offense As Cited **720 ILCS 570.0/402-C**  
PCS - POSSESSION - POSS AMT CON SUB EXCEPT (A)(D)  
Class 4 - Type F

## Victim

State Of Ill, Po Vasselli#4902

2

Offense As Cited **720 ILCS 5.0/12-3-A-2**  
BATTERY - MAKE PHYSICAL CONTACT  
Class A - Type M

State Of Ill, Po Vasselli#4902

3

Offense As Cited **720 ILCS 5.0/31-1-A**  
RESISTING/PC OFF/CORR EMP/FRFTR  
Class A - Type M

State Of Ill, Po Vasselli#4902

4

Offense As Cited **720 ILCS 5.0/31-1-A**  
RESISTING/PC OFF/CORR EMP/FRFTR  
Class A - Type M

State Of Ill, Po Doolin#14047

5

Offense As Cited **720 ILCS 5.0/31-1-A**  
RESISTING/PC OFF/CORR EMP/FRFTR  
Class A - Type MState Of Ill, Po  
Pruszewski#11030

6

Offense As Cited **9-52-020**  
RIDING BICYCLE ON SIDEWALK  
Class L -City Of Chicago, Po  
Vasselli#4902

7

Offense As Cited **725 ILCS 5.0/110-3**  
ISSUANCE OF WARRANT

IR #

CB #

## ARREST REPORTING

RECOVERED NARCOTICS	Type	Approx. Weight/Quantity	Units	Estimated Street Value
	Suspect Controlled Substance	.5	GRAMS	\$50.00

WARRANT	Warrant No	Issue Date	Type	NCIC/ Leads No	Hold	Bond Amount	Case Docket No	County
		28-AUG-14	Parole/Mand Violation					
Remarks: ILLINOIS DEPARTMENTY OF CORRECTIONS WARRANT								

NON-OFFENDER(S)	VICTIM AND COMPLAINANT			
	Name: STATE OF ILL, Po Vasselli#4902		Injured? No	Deceased? No
	DOB:		Hospitalized? No	
	Age:		Treated and Released? No	
	Comments:			
NON-OFFENDER(S)	VICTIM AND COMPLAINANT			
	Name: STATE OF ILL, Po Doolin#14047		Injured? No	Deceased? No
	DOB:		Hospitalized? No	
	Age:		Treated and Released? No	
	Comments:			
NON-OFFENDER(S)	VICTIM AND COMPLAINANT			
	Name: STATE OF ILL, Po Pruszewski#11030		Injured? No	Deceased? No
	DOB:		Hospitalized? No	
	Age:		Treated and Released? No	
	Comments:			
NON-OFFENDER(S)	VICTIM AND COMPLAINANT			
	Name: CITY OF CHICAGO, Po Vasselli#4902		Injured? No	Deceased? No
	DOB:		Hospitalized? No	
	Age:		Treated and Released? No	
	Comments:			

## ARREST REPORTING

ARRESTEE  
VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

PROPERTIES

**Confiscated Properties :**

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED] NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

INCIDENT NARRATIVE

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

EVENT# [REDACTED] NAME CHECK CLEAR/DENIES GANG/NO T.R.A.P, G.I.P OR I.A/ON PAROLE  
IN SUMMARY, ABOVE SUBJECT PLACED INTO CUSTODY FOR ABOVE LISTED CHARGES. ABOVE SUBJECT WAS OBSERVED RIDING A BICYCLE ON THE PUBLIC WAY AT THE ADDRESS OF [REDACTED] A/O'S EXITED THEIR EMERGENCY VEHICLE AND APPROACHED TO CONDUCT FIELD INTERVIEW. UPON APPROACHING, ABOVE SUBJECT PLACED HIS LEFT HAND INTO HIS FRONT LEFT SHORTS POCKET. ABOVE SUBJECT REMOVED HIS LEFT HAND FROM SAID POCKET WITH LEFT HAND CLINCHED MAKING A FIST. FOR OFFICER SAFETY, ABOVE SUBJECT WAS ORDERED TO OPEN HIS HAND. PO VASELLI#4902 RECOVERED FROM LEFT HAND (1) CLEAR KNOTTED PLASTIC BAG CONTAINING WHITE ROCKY SUBSTANCE SUSPECT CRACK COCAINE (INV# [REDACTED]). AT WHICH POINT, ABOVE SUBJECT PUSHED PO VASELLI#4902 IN THE CHEST AND FLED ON FOOT IN AN ATTEMPT TO DEFEAT THE ARREST. PO DOOLIN#14047 USED OPEN HAND STRIKES AND PERFORMED AN EMERGENCY TAKEDOWN TO PLACE ABOVE SUBJECT INTO CUSTODY. HOWEVER, ABOVE CONTINUED TO FAIL ARMS, TUCKING ARMS UNDERNEATH HIS CHEST, KICK LEGS AND REFUSING ALL VERBAL COMMANDS OF PO DOOLIN#14047, PO PRUSZEWSKI#11030 & PO VASELLI#4902. ASSISTING UNIT BT4253A PO BURNS#4534 DEPLOYED DEPARTMENT ISSUED TASER AND A/O'S WERE ABLE TO PLACE ABOVE SUBJECT INTO CUSTODY. CFD AMB#50 ON SCENE AND TRANSPORTED ABOVE SUBJECT TO [REDACTED]. TRR COMPLETED- BICYCLE INV# [REDACTED]. TASER- INV# [REDACTED] PRISONER PROPERTY- INV# [REDACTED] IDOC CONTACTED PER ASHLEY AND IDOC WILL NOT BE ISSUING A WARRANT AT THIS TIME.

COURT INFO

Desired Court Date: 18 September 2014  
Branch: 38-2 727 E 111TH ST - Room  
Court Sgt Handle? No  
Initial Court Date: 28 August 2014  
Branch: CBC-1 2600 S CALIFORNIA - Room100  
Docket #:

BOND INFO

BOND INFORMATION NOT AVAILABLE

REPORTING PERSONNEL

**ATTESTING OFFICER:**

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #14047 DOOLIN, W M ([REDACTED]) 28 AUG 2014 00:22

**ARRESTING OFFICER(S):**

		Beat
1st Arresting Officer:	#4902 VASELLI, N P ([REDACTED])	0461A
2nd Arresting Officer:	#11030 PRUSZEWSKI, D W ([REDACTED])	0461A

**APPROVING SUPERVISOR:**

Approval of Probable Cause : #1755 DINEEN, M E ([REDACTED]) 28 AUG 2014 00:25

## ARREST PROCESSING REPORT

Holding Facility: District 004 Lockup  
Received in Lockup: 28 August 2014 00:32  
Prints Taken: 28 August 2014 00:31  
Palprints Taken: Yes  
Photograph Taken: 28 August 2014 00:47  
Released from Lockup:

Time Last Fed:

Time Called:

Phone#: [REDACTED]

Cell #: F-3

Transport Details : 2PO 0472 27-AUG-2014 22:07

## VISUAL CHECK OF ARRESTEE

## ARRESTEE QUESTIONNAIRE

Is there obvious pain or injury? No  
Is there obvious signs of infection? No  
Under the influence of alcohol/drugs? No  
Signs of alcohol/drug withdrawal? No  
Appears to be despondent? No  
Appears to be irrational? No  
Carrying medication? No

Presently taking medication? No  
(if female)are you pregnant? No  
First time ever been arrested? No  
Attempted suicide/serious harm? No  
Serious medical or mental problems? No  
Are you receiving treatment? No  
Transgender/intersex/gender non-conforming? No

## RETURN TO HOLDING FACILITY COMMENTS:

Previous Released Date: 28-AUG-2014 02:04  
ERROR BY DSS DINEEN NEVER RELEASED

## QUESTIONNAIRE REMARKS:

## LOCKUP KEEPER COMMENTS:

28 AUG 2014 00:43 GIANFRANCISCO, Alfonso D Cell Edit

## EMERGENCY CONTACT

Beat:

LOCKUP KEEPER PROCESSING

INTERVIEW LOG

NO INTERVIEWS LOGGED

VISITOR LOG

NO VISITORS LOGGED

## ARREST PROCESSING REPORT

MOVEMENT LOG	Action	By	Destination	Reason
	RELEASED BY	#1755 Dineen, Michael E ( )	28 AUG 2014 00:25 District 004 Lockup	
	RECEIVED BY	#16239 Rondeau, Aaron	28 AUG 2014 00:25 ( )	Treatment
	RECEIVED BY	#1755 Dineen, Michael E ( )	28 AUG 2014 00:30 District 004 Lockup	Returned

WC COMMENTS	Watch Commander Comments:	REL w/o CHARGING
	DOES NOT APPLY TO THIS ARREST	

PROCESSING PERSONNEL	ARRESTEE PROCESSING PERSONNEL:			Beat
	Searched By:	BRADY, J C ( )		
	Lockup Keeper:	GIANFRANCISCO, A D ( )		
	Assisting Arresting Officer:	#14047 DOOLIN, W ( )		0461A
	Assisting Arresting Officer:	#4534 BURNS, A C ( )		4253A
	Fingerprinted By:	GRAHAM, D ( )		
	APPROVAL PERSONNEL:			Beat
	Final Approval of Charges :	#1755 DINEEN, M E ( )	28 AUG 2014 02:04	

## RD NO. [REDACTED]

### "X APPLICABLE BOXES"

CPD 0324714

(A)(D)

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REPORTING MEMBER - SIGNATURE VASSELLI, NICHOLAS P	STAR NO. 4902	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE DOHERTY JR, JOHN A	STAR NO. 172
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## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>27-AUG-2014</b>		TIME <b>21:48:00</b>		2. ADDRESS OF OCCURRENCE			3. LOCATION CODE <b>303</b>		4. BEAT/OCCUR <b>0423</b>													
	5. POSITION <b>9161</b>		6. LAST NAME <b>VASSELLI</b>		7. FIRST NAME <b>NICHOLAS P</b>		8. STAR NO. <b>4902</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE <b>510</b>		12. HT. <b>155</b>								
	14. DATE OF APPT. <b>27-AUG-2007</b>		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT <b>004 0461A</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No												
SUBJECT INFORMATION	20. LAST NAME		21. FIRST NAME		22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B.		26. HT. <b>507</b>		27. WT. <b>200</b>								
	28. SUBJECT ARMED? HANDS/FISTS 1 Yes <input checked="" type="checkbox"/> 02 No						31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No														
	35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																						
36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****																37. CB NO.		IR NO.		<input type="checkbox"/> DNA			
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE												
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>												
	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____		WEAPON <input type="checkbox"/>												
WEAPON DISCHARGE INCIDENT	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input checked="" type="checkbox"/>		FIREARM <input type="checkbox"/>														
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____														
	ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>																
39. <input checked="" type="checkbox"/> DNA																40. ADDITIONAL INFORMATION							
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER																42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>			
45. MAKE/MANUFACTURER																46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE			
49. TASER DART ID NO.																50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.	
54. SPECIAL WEAPON CERTIFICATE NO.																55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED	
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)																60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CATDRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)	
64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD																65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO							
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)																67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.							
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)							
CASE INFO.	70. EVENT NO.																						
	71. R.D. NO.																						
SIGNATURES	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																						
	73. REPORTING MEMBER (Print Name) <b>VASSELLI, NICHOLAS P</b> <b>28-AUG-2014 00:04:05</b> STAR/EMPLOYEE NO. <b>4902</b> SIGNATURE _____ Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																						
74. REVIEWING SUPERVISOR (Print Name) <b>O MALLEY, MICHAEL G</b> STAR NO. <b>1954</b> SIGNATURE _____ DATE REVIEWED <b>28-AUG-2014 00:27:57</b> TIME																							

36. CHARGES PLACED

**725 ILCS 5.0/110-3, 9-52-020, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3-A-2, 720 ILCS 570.0/402-C**

☐ DNA

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

At [REDACTED] Hospital for examination.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at this time the R/Lt finds the member was in compliance with Department policy and directives.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

DOHERTY JR, JOHN A

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

28-AUG-2014 00:46:23

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

4

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>27-AUG-2014</b>		TIME <b>21:48:00</b>		2. ADDRESS OF OCCURRENCE			3. LOCATION CODE <b>303</b>		4. BEAT/OCCUR <b>0423</b>						
	5. POSITION <b>9161</b>		6. LAST NAME <b>PRUSZEWSKI</b>		7. FIRST NAME <b>DANIEL W</b>		8. STAR NO. <b>11030</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE <b>602</b>		12. HT. <b>225</b>	
	14. DATE OF APPT. <b>29-NOV-2004</b>		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT <b>004 0461A</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
SUBJECT INFORMATION	20. LAST NAME		21. FIRST NAME		22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B.		26. HT. <b>507</b>		27. WT. <b>200</b>	
36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****																
37. CB NO. IR NO. <input type="checkbox"/> DNA																
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE					
			DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input checked="" type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>					
			STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>		WEAPON <input type="checkbox"/>					
SUBJECT'S ACTIONS			OTHER _____		OTHER _____				OTHER _____		OTHER _____					
			MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>					
			VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input checked="" type="checkbox"/>		OTHER _____					
MEMBER'S RESPONSE			ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>							
			WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>											
			ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>											
WEAPON DISCHARGE INCIDENT			PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>											
			CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>											
			OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>											
WEAPON DISCHARGE INCIDENT			OTHER _____		OTHER _____		OTHER _____		OTHER _____							
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SUBJECT  
INFORMATION

36. CHARGES PLACED

725 ILCS 5.0/110-3, 9-52-020, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS  
5.0/31-1-A, 720 ILCS 5.0/12-3-A-2, 720 ILCS 570.0/402-C

☐ DNA

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

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75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

At [REDACTED] for examination.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at this time the R/Lt finds the member was in compliance with Department policy and directives.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

DOHERTY JR, JOHN A

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

28-AUG-2014 00:47:04

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

4

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>27-AUG-2014</b>		TIME <b>21:48:00</b>		2. ADDRESS OF OCCURRENCE			3. LOCATION CODE <b>303</b>		4. BEAT/OCCUR <b>0423</b>						
	5. POSITION <b>9161</b>		6. LAST NAME <b>DOOLIN</b>		7. FIRST NAME <b>WILLIAM M</b>		8. STAR NO. <b>14047</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE <b>510</b>		12. HT. <b>195</b>	
	14. DATE OF APPT. <b>14-AUG-2000</b>		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT <b>004 0461A</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
SUBJECT INFORMATION	20. LAST NAME		21. FIRST NAME		22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B.		26. HT. <b>507</b>		27. WT. <b>200</b>	
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			DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input checked="" type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>					
			STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>		WEAPON <input type="checkbox"/>					
SUBJECT'S ACTIONS			OTHER _____		OTHER _____				OTHER _____		OTHER _____					
			MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input checked="" type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>					
			VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____					
MEMBERS RESPONSE			ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>							
			WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>											
			ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>											
		PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>												
		CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>												
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		OTHER _____		OTHER _____												
WEAPON DISCHARGE INCIDENT	39. <input checked="" type="checkbox"/> DNA															
	40. ADDITIONAL INFORMATION															
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61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED																
62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)																
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)																
64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD																
65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)																
67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																
69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																
CASE INFO.	70. EVENT NO.															
	71. R.D. NO.															
SIGNATURES	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.															
	NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.															
	Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.															
73. REPORTING MEMBER (Print Name) <b>DOOLIN, WILLIAM M</b>																
STAR/EMPLOYEE NO. <b>14047</b>																
SIGNATURE <b>28-AUG-2014 00:32:33</b>																
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																
74. REVIEWING SUPERVISOR (Print Name) <b>O MALLEY, MICHAEL G</b>																
STAR NO. <b>1954</b>																
SIGNATURE <b>28-AUG-2014 00:42:51</b>																
DATE REVIEWED TIME																

36. CHARGES PLACED

725 ILCS 5.0/110-3, 9-52-020, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3-A-2, 720 ILCS 570.0/402-C

☐ DNA

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

At [REDACTED] for examination.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at this time the R/Lt finds the member was in compliance with Department policy and directives.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

DOHERTY JR, JOHN A

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

28-AUG-2014 00:46:45

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

4

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>27-AUG-2014</b>		TIME <b>21:50:00</b>		2. ADDRESS OF OCCURRENCE			3. LOCATION CODE <b>303</b>		4. BEAT/OCCUR <b>0423</b>								
	5. POSITION <b>9161</b>		6. LAST NAME <b>BURNS</b>		7. FIRST NAME <b>AARON C</b>		8. STAR NO. <b>4534</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>BLK</b>		11. AGE <b>601</b>		12. HT. <b>205</b>		13. WT. <b>205</b>	
	14. DATE OF APPT. <b>03-JUN-2013</b>		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT <b>044 4253A</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
SUBJECT INFORMATION	20. LAST NAME		21. FIRST NAME		22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B.		26. HT. <b>507</b>		27. WT. <b>200</b>			
36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****																		
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>																	
	39. DNA <input type="checkbox"/>																	
	40. DNA <input type="checkbox"/>																	
SUBJECT'S ACTIONS	38. DNA <input type="checkbox"/>																	
	39. DNA <input type="checkbox"/>																	
	40. DNA <input type="checkbox"/>																	
MEMBERS RESPONSE	38. DNA <input type="checkbox"/>																	
	39. DNA <input type="checkbox"/>																	
	40. DNA <input type="checkbox"/>																	
WEAPON DISCHARGE INCIDENT	38. DNA <input type="checkbox"/>																	
	39. DNA <input type="checkbox"/>																	
	40. DNA <input type="checkbox"/>																	
CASE INFO.	38. DNA <input type="checkbox"/>																	
	39. DNA <input type="checkbox"/>																	
	40. DNA <input type="checkbox"/>																	
SIGNATURES	38. DNA <input type="checkbox"/>																	
	39. DNA <input type="checkbox"/>																	
	40. DNA <input type="checkbox"/>																	

36. CHARGES PLACED

**725 ILCS 5.0/110-3, 9-52-020, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3-A-2, 720 ILCS 570.0/402-C**

☐ DNA

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

At [REDACTED] for examination.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at this time the R/Lt finds the member was in compliance with Department policy and directives. Administrative log number was obtained for Taser deployment tracking.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 107 1230 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

DOHERTY JR, JOHN A

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

27-AUG-2014 23:52:18

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

4

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

# EVIDENCE SYNC™ OFFLINE

## DEVICE REPORT

### ECD Information

Model #: TASER\_ECD\_X2

Serial #: ZZX300690

Firmware Version: FWBundle Rev. 03.041

Device Health: Good

### Offline Report

Date:

27 Aug 2014 22:55:19

Local Timezone:

Central Standard Time (UTC -5:00)

### Event Log

GMT Time	Local Time	Event	Cartridge Info	Duration	Temp	Batt%
08/27/2014 21:06:43	08/27/2014 16:06:43	Armed	C1: 25' Standard C2: 25' Standard		26°C 26°C	58% 58%
08/27/2014 21:06:46	08/27/2014 16:06:46	Safe	C1: 25' Standard C2: 25' Standard	3s 3s	26°C 26°C	58% 58%
08/28/2014 02:49:52	08/27/2014 21:49:52	Armed	C1: 25' Standard C2: 25' Standard		30°C 30°C	58% 58%
08/28/2014 02:49:59	08/27/2014 21:49:59	Trigger	C1: Deployed	5s		58% 58%
08/28/2014 02:51:08	08/27/2014 21:51:08	Safe	C1: Deployed C2: 25' Standard	1m 16s 1m 16s	35°C 35°C	58% 58%
08/28/2014 03:51:03	08/27/2014 22:51:03	USB Connected	C1: Invalid Cart. Type C2: Invalid Cart. Type		27°C 27°C	0% 0%
08/28/2014 03:51:50	08/27/2014 22:51:50	Time Sync	08/27/2014 22:51:50 to 08/27/2014 22:52:35			

004<sup>th</sup> District

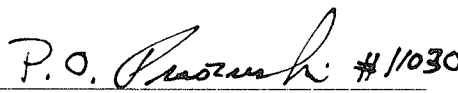
27 August 2014

TO: Deputy Berscott Ruiz  
4<sup>th</sup> District

FROM: P.O. Daniel W. Pruszewski #11030  
004<sup>th</sup> District

SUBJECT: Witness to P.O.Vasselli's IOD

R/O while working along with P.O. Vasselli observed P.O. Vasselli be pushed twice by the arrestee. R/O further observed P.O.Vasselli utilize knee strikes in an effort to effect the arrest. R/O was on scene when P.O. Vasselli complained of pain to his right knee.

  
P.O. Daniel W. Pruszewski #11030

Approved:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



CITY OF CHICAGO  
INJURY ON DUTY REPORT

Claim #: [REDACTED]

Insured: City Of Chicago Police  
Incident Date: 08/27/2014

Date Entered: 08/27/2014

Claimant Information

Employee #:	[REDACTED]	Payroll #:	[REDACTED]
First Name:	[REDACTED]	Last Name:	[REDACTED]
Date of Birth:	[REDACTED]	Gender:	Male
Home Address 1:	[REDACTED]	Work Address:	2255 E. 103rd Street
Home Address 2:	[REDACTED]	Work Address:	[REDACTED]
Home City:	[REDACTED]	Work City:	Chicago
Home State:	[REDACTED]	Work State:	IL
Home Zip:	[REDACTED]	Work State:	60617
Job Title and Code:	POLICE OFFICER 1709	Date of Hire:	08/27/2007
Type of Employee:	Full-Time - Regular	# Children <:	1
Service Time with City/Year:	6	Cost Center:	[REDACTED] : Dept. of Police - Patrol Services

Additional Employee Information

Grant Funded Project Type:			
Project Name/Number:			
Star #:	3	Assigned to District:	04
Rank:	9161	Or Unit:	
Beat/Post #:	a	Detailed to Unit:	
Day Off Group:	1	Or District:	
Start Time:	18:00		
Stop Time:	03:00		

Incident Information

Incident Time:	09:48		
Body Part:	Right Knee	Cause of Incident:	Striking Against or Stepping On, NOC
Nature of Injury:	Contusion		
Reported Incident:	The Injured Member was effecting an arrest when the offender pushed the Member and attempted to flee. The offender then pushed the Officer a second time after which the Officer used a knee strike and felt immediate pain to the right knee. The offender was then placed in custody.		
Address Line1:	[REDACTED]		
Address Line2:	[REDACTED]		
City:	Chicago	State:	IL
Off Duty Activity:		Zip Code:	60617

Police Dept R.D. #: [REDACTED]  
3rd Party Involvement:

Ambulance #:

Fire Department No

Further Investigation

Further Investigation

Initial Treatment:

**Supervisor Information**

First Name: Michael  
Title: Sergeant  
Email:  
Date Notified:  
Last Name: O'Malley  
Work Phone #: (312)747-8207  
Cell Phone #:  
Time Notified:

**First Person Notification**

First Name:  
Title:  
Last Name:  
Phone #:

**Vehicle Information****Employee was driving vehicle:**

Driver's License #:  
Vehicle #:  
Plate Number:

**Another city employee was driving vehicle:**

Driver's Name:  
Vehicle #:  
Driver's License #:  
Plate Number:

**Second vehicle involved:**

Owner's Name:  
Type of Vehicle:  
Phone Number:  
Plate Number:

**Witness****Was There a Witness?:**

Name	Address 1	Address 2	City	State	Zip Code	Phone	Employee
Pruszewski, Daniel	2255 E. 103rd Street		Chicago	IL	60617		Yes

**Lost Time**

First Full Day Off Work:  
Restricted Duty Description:  
Last Day Paid:

**Initial Treatment Information**

Name	Address 1	Address 2	City	State	Zip Code	Phone
------	-----------	-----------	------	-------	----------	-------

**Additional Comments**

Comments:

**Report Preparation**

First Name: MICHAEL  
Title: Sergeant  
Email: @chicagopolice.org  
Last Name: O'MALLEY  
Work Phone #: (312)747-8207  
Reporting Method:

A. THE UNDERSIGNED HEREBY CERTIFIES THAT THE ABOVE RECORDED FACTS PERTINENT TO THE INJURY SUSTAINED BY THE ABOVE NAMED INJURED ARE TRUE AND CORRECT.

P.O. [Signature] 11030 27 AUG 2014

Signature of Witness, Date (DD / Mon / YYYY)

B. I HEREBY CERTIFY THAT I HAVE INVESTIGATED THE DESCRIBED ABOVE AND ATTEST TO THE TRUTH AND ACCURACY OF THE REPORTED INCIDENTS AND REPORTS.

Sgt. [Signature] 1951 27 Aug 2014

Signature of Person Preparing Report, Star No., Date (DD / Mon / YYYY)

C. I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT AND THAT THESE INJURIES WERE SUSTAINED IN THE PERFORMANCE OF DUTY. I HEREBY AGREE THAT IN CONSIDERATION OF THE PAYMENT BY THE CITY OF CHICAGO OF ANY MEDICAL AND/OR HOSPITAL EXPENSES INCURRED AS RESULT OF THE ABOVE INJURIES, I WILL:

1. NOTIFY THE PERSONNEL DIVISION AS TO THE NAME AND ADDRESS OF ANY ATTORNEYS I MAY RETAIN FOR THE PURPOSE OF PROSECUTING A CLAIM ON MY BEHALF BECAUSE OF SAID INJURIES;

2. REIMBURSE THE CITY OF CHICAGO IN FULL FOR ANY SUMS WHICH IT HAS OR MAY EXPEND ON MY BEHALF FOR SAID MEDICAL AND/OR HOSPITAL EXPENSES FROM ANY RECOVERY WHICH I HAVE OR MAY EFFECT FROM THE PERSON OR PARTY WHOM IT IS CLAIMED IS RESPONSIBLE FOR MY INJURIES.

[Signature] 11030 27 AUG 2014

Signature of Injured Member, Date (DD / Mon / YYYY)

D. ☐ INJURED MEMBER IS UNABLE TO SIGN

E. I HAVE RECEIVED THE INJURY ON DUTY REPORT AND RELATED DOCUMENTS AND ATTEST, BASED ON AVAILABLE INFORMATION, THAT IT IS COMPLETE AND SHOULD BE FORWARDED FOR FURTHER INVESTIGATION TO THE COMMITTEE ON FINANCE.

\_\_\_\_\_  
Signature of Unit Commander of Exempt Rank [For the Superintendent] Rank, Unit, Date (DD / MM / YYYY)

F. I HEREBY CERTIFY THAT THE CHARGES MADE FOR SERVICES AS SHOWN ABOVE AND ON THE ATTACHED BILLS ARE REASONABLE

\_\_\_\_\_  
Signature of Medical Administrator, Date (DD / Mon / YYYY)

\_\_\_\_\_  
Approved -- Director of Personnel, Date (DD / Mon / YYYY)

Upon completion of the required signatures, please forward a scanned copy via email to [iod@chicagopolice.org](mailto:iod@chicagopolice.org)